## THREAT, OUTBREAK OR EXPOSURE SUMMARY

<b>TOE</b> #:	Threat Y / N	Outbreak Y/N	Exposure Y / N
Descript	ion of Event Pro	mpting Team to Meet:	
Date Inc	ident Began:		
Date Inc	ident Declared F	inished:	
Case De	finition:		
Overvie	w:		
Interven	itions:		
Conclusi	ions / Recommen	dations	
A	ACTION:		
A	ACTION:		